

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Md

09279

CERTIFICATE OF DEATH

★ Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 years

Residence, institution, or street address where death occurred:

312 Talbot St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. 312 Talbot St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

JOHN H. BELL

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Unknown

8. AGE:

Years

Months

Days

If less than one day

71

..... hrs. min.

9. Birthplace

Delaware
(Town, county, and state)

10. Usual occupation

Labourer

11. Industry or business

Joe CookFATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

45N. H. Neerinc

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 19 45 at 2:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to 19.....

and that I last saw him alive on 19.....

Immediate cause of death

Carcinoma of stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 9-10-45

RECEIVED

SEP 13 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7702

CERTIFICATE OF DEATH

09280

★ Reg. Dist. No. 290

1. PLACE OF DEATH:

County Eastern Md.City or town Easton Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. ✓
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3. (a) FULL NAME

George N. F. Burkhardt Sr.

3. (b) Social Security Number

✓

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Alcie H. Burkhardt7. Birth date of deceased (mo., day, yr.) Jan 8, 18868. AGE: Years 60 Months 7 Days 24 If less than one day hrs. min.9. Birthplace Baltimore Md.
(Town, county, and state)10. Usual occupation Bus Driver

11. Industry or business

12. Name George N. F. Burkhardt13. Birthplace Germany14. Maiden name Amalie Burkhardt15. Birthplace Germany16. Informant Mrs. Rosetta WeissAddress Easton Md.17. Burial Date thereof Sept. 7, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Mary'sLocation Easton Md.18. Funeral director St. Mary'sAddress Easton Md.19. 9/3 19 45 N. F. Neerius
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 19 45 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 45, to 19 45and that I last saw h. alive on 19 45Immediate cause of death Ruptured heartDue to Auto accident

Other conditions

Due to

Other conditions

Due to

Other conditions

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9-2-45Where did injury occur? Mr. Wye Mills Talbot Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) highwayMeans of injury Auto accident Injured at work? noSignature Louis J. Kelly M.D.Address Easton Md Date signed 9-2-45

RECEIVED
SEP 8 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09281

Reg. Dist. No. 290

1. PLACE OF DEATH
 County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 months
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
Malcolm Lee Cleary

3. (b) Social Security Number
212-03-5920

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 8. AGE: Years 44 Months 1 Days 2 If less than one day
 6.(b) Name of husband or wife Helene Cleary
 6.(c) If alive, give age 39 years
 7. Birth date of deceased (mo., day, yr.) Aug. 18-1901

9. Birthplace Bloomfield N.J.
 (Town, county, and state)
 10. Usual occupation Engineer
 11. Industry or business

12. Name Robert Lee Cleary
 13. Birthplace New York City
 14. Maiden name Agnes Harris
 15. Birthplace Philadelphia, Pa.

16. Informant Mrs. Malcolm Cleary
 Address Easton, Md.

17. Cremation Date thereof Sept. 22/45
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Fort Lincoln Cemetery
 Location Bladderbury, Md.

18. Funeral director John D. Williams
 Address Easton, Md.

19. 9/21 19 45 N. S. Neirin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20, 1945 at 1-P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-7 19 45, to 9-20 19 45
 and that I last saw him alive on 9-19 19 45

Immediate cause of death aortic cardiac decomp. DURATION
 Due to malignant hypertension
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. Lynn Baker M.D. M. D. or other
 Address Easton Date signed 9-20-45

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
SEP 26 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: Talbot
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Caroline
City or town..... Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Erma Dennis

3. (b) Social Security Number

4. Sex 7 5. Color or race W 6.(a) Single, married, widowed, or divorced M
6.(b) Name of husband or wife Frank Dennis
6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)
8. AGE: 58 Years Months Days If less than one day
.....hrs.min.

9. Birthplace Denton Md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name John Smith
13. Birthplace Del

14. Maiden name Mary Carcich
15. Birthplace Del

18. Informant Frank Dennis

Address
17. 8-30-45 Date thereof 9-27-45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton Md

18. Funeral director J. Virgil Brown

Address
19. 9/27/45 19. 45
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 45 at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
.....19....., to.....19.....
and that I last saw him.....alive on.....19.....

Immediate cause of death..... DURATION

Due to Venereal Disease 2 hr

Due to Chronic Nephrosis

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 9/27/45

Where did injury occur? Denton Caroline Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Self poison Injured at work?

23. SIGNATURE J. Virgil Brown M. D. or other
Address Denton Date signed 9/27/45

RECEIVED
OCT 2 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

09283

Reg. Dist. No. 290

1. PLACE OF DEATH:
 County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Talbot
 City or town Easton, MD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
Mary E. Dobson

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Chas. H. Dobson

7. Birth date of deceased (mo., day, yr.) Sept. 14 - 1870 6.(c) If alive, give age Deceased years

8. AGE: Years 75 Months - Days 6 If less than one day
 hrs. min.

9. Birthplace Easton, Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Chas. Breeze

13. Birthplace Easton, Md.

14. Maiden name Mary Leeds

15. Birthplace Easton, Md.

16. Informant Chas. Edw. Dobson

Address Easton, Md.

17. Burial Date thereof Sept. 24 45
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Richards Cemetery

Location Easton, Md.

18. Funeral director John D. Williams

Address Easton, Md.

19. 9/21 19 45 N.H. Nevins
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20, 1945 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 to Sept 21 1945
 and that I last saw her alive on Sept. 20 1945

Immediate cause of death Carcinoma of the breasts

DURATION

3 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harmon T. Wilt, M.D.
 M.D. or other

Address Easton, Md. Date signed 9/21/45

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

671

RECEIVED
SEP 26 1960
BUREAU A.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100

CERTIFICATE OF DEATH

09284



Reg. Dist. No. 290

1. PLACE OF DEATH:

County... Talbot
 City or town... Preston
 (If outside city or town limits, write RURAL and give nearest town)
 How long above place of death? 6 hours
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Caroline
 City or town... Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Near Smithson
 (If rural, give LOCATION)
 2(a) If veteran, name war. ☒

3. (a) FULL NAME

Mary Jane Eagle

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife. -

7. Birth date of deceased (mo., day, yr.) June 11, 1943 6. (c) If alive, give age. - years

8. AGE: Years 2 Months 3 Days 5 If less than one day - hrs. - min.

9. Birthplace... Eastern Maryland
 (Town, county, and state)

10. Usual occupation... Infant11. Industry or business -12. Name... Melvin Eagle13. Birthplace Caroline County, Maryland14. Maiden name Helen Gilliam15. Birthplace Caroline County, Maryland16. Informant... Melvin EagleAddress Preston, Maryland, R.T.D.17. Burial Date thereof September 18, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Lichfield CemeteryLocation Near Preston, Maryland18. Funeral director... J. J. Frampton and SonAddress Federalburg, Maryland19. 9/17 19. 45 D. H. Neerius

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH September 16 19. 45, at 5:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h... alive on 19 to 19Immediate cause of death Automobile accident, car DURATIONDue to ShockDue to Due to automobile accident

September 16th, 1945, near Federalburg

Other conditions Caroline County

(Include pregnancy within 8 months of death)

Major findings of operations... Date of op. ...

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Sept 16, 1945Where did injury occur? Preston Caroline MD.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) HomeMeans of injury automobile Injured at work? no23. SIGNATURE James T. Eagle M. D. or otherAddress Preston Date signed 9/17/45

RECEIVED
SEP 24 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

CERTIFICATE OF DEATH

09285

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Belleune
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County TalbotCity or town Belleune
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Earldine Fields

3. (b) Social Security Number

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1945 6.(c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Belleune md
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Wm. Earl Field13. Birthplace Belleune md14. Maiden name Lillian M. Melbourn15. Birthplace Ua.16. Informant Sola St. BrooksAddress Easton md.17. Burial Date thereof 9/11/45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Ferry Creek CemeteryLocation Belleune md.18. Funeral director Thos. MichaelAddress Belleune19. 9/11 19 45 N.H. Neerue
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 19 45 at 5 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____ to _____ 19 _____

and that I last saw h. _____ alive on _____ 19 _____

Immediate cause of death _____

DURATION

Probable congenital heart disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured et work?

23. SIGNATURE N.H. Neerue, Local RegAddress Easton md Date signed 9/11/45

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED
SEP 13 1945
BUREAU V.P.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09286

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

SolowFuchs

3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MaleWhiteSingle

6.(b) Name of husband or wife

December 19, 1873

7. Birth date of deceased (mo., day, yr.) 8.(c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day
71 9 7 _____ hrs. _____ min.9. Birthplace Russia
(Town, county, and state)10. Usual occupation farmer

11. Industry or business

12. Name George Fuchs13. Birthplace Russia14. Maiden name Elizabeth Holstein15. Birthplace Russia16. Informant Eva FuchsAddress Preston, Md17. Burial Date thereof Sept 28, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory J. O. A. M. CemeteryLocation Preston, Maryland18. Funeral director N. H. Hollis & SonAddress Preston, Md19. 9/27 45 N. H. Hollis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 26, 1945 at 3⁵⁵ a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21, 45 to Sept 25, 45 and that I last saw him alive on Sept 25, 1945Immediate cause of death Pulmonary edema DURATION 1 dayDue to Heart Failure at side DURATION 1 dayDue to Pneumothorax from bladderOther conditions MalignantPapilloma

(Include pregnancy within 3 months of death)

Major findings of operations Papilloma ofurinary bladder Date of op. Sept 25, 45Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Olud Schneider, M.D. M. D. or otherEaston, Md Sept 26, 45
Address _____ Date signed _____

RECEIVED
OCT 2 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

09287

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Bellerue
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Herbert Green

3. (b) Social Security Number

145-14-3768

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Sarah Fields

7. Birth date of deceased (mo., day, yr.)

July 25-19068. (c) If alive, give age 28 years

8. AGE:

Years

Months

Days

If less than one day

39121

hrs.

min.

9. Birthplace

Kirkham, Md.
(Town, county, and state)

10. Usual occupation

Cystrerman

11. Industry or business

FATHER

12. Name

Frank Green

13. Birthplace

Bellerue, Md.

14. Maiden name

Emma Gibson

15. Birthplace

Bellerue, Md.

18. Informant

Frank Green

Address

Bellerue, Md.

17.

Burial

Date thereof

Sept 21 1945
(month) (day) (year)

Cemetery or crematory

St Pauls Cemetery

Location

Royal Oak, Md.

18. Funeral director

John D. Williams

Address

Edston, Md.

19.

9/21

19

45N.H. Newira

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot
 City or town Bellerue
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

9-15-45

19

at

10:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

DURATION

Accidental drowning

Due to

Due to

Other conditions

Body not recovered until 9:40
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9-15-45Where did injury occur? on Bellvue Talbot Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) riverMeans of injury drown Injured at work? no

23. SIGNATURE

Louis P. Mody, M.D. Dep. M.D.
Edston, Md.

M. D. or other

Address

Date signed 9-20-45

RECEIVED

SEP 24 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of MARYLAND STATE DEPARTMENT OF HEALTH

age is shown on

G 99 12-13-45

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09288

Reg. Dist. No. 291

1. PLACE OF DEATH: Talbot
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Clerny Hohney
4. Sex female
5. Color or race Col
6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Robert Hohney
6. (c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.) May 28, 1886

3. (b) Social Security Number

8. AGE: Years 57 1/2 Months 59 Days hrs. min.

9. Birthplace Talbot Co. Md.
(Town, county, and state)

10. Usual occupation House work

11. Industry or business

12. Name Charles E Palmer

13. Birthplace Talbot Co Md

14. Maiden name Mary A Moody

15. Birthplace Talbot Co Md

16. Informant Robert Hohney

Address Bozman

17. Burial Date thereof Sept 25/45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Bozman Md

18. Funeral director Lemish H Bannum

Address 201 W. 11th St. S.B. Cemetery

19. Sept 24 19 45 John P. Wallace
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1945 at 9A: M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 2 1943 to Sept 22 1945

and that I last saw him alive on Sept 22 1945

Immediate cause of death Carcinoma of the Colon

DURATION

Due to 3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... **Date of**.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... **Injured at work?**.....

23. SIGNATURE Heyward T. M.D. M.D. or other

Address..... **Date signed** 9/24/45

RECEIVED

OCT 4 1915

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred
 How long to hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Esther Jean Hynson

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1928 6. (c) If alive, give age _____ years

8. AGE: Years 17 Months - Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Easton, Md.
 (Town, county, and state)

10. Usual occupation School Girl

11. Industry or business

FATHER 12. Name Paul Hynson

13. Birthplace Ridgely, Md.

MOTHER 14. Maiden name Nellie R. West

15. Birthplace Denton, Md.

16. Informant Paul Hynson

Address Easton, Md.

17. Burial Date thereof Sept 17, 45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md.

18. Funeral director John D. Williams

Address Easton, Md.

19. 9/17 19 45 N. D. Neenan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15, 1945 at A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1942 to Sept. 15, 1945 and that I last saw him alive on 9-15-45

Immediate cause of death Acute Cardiac Decomp.

Due to Chronic Rheumatic

Due to carditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Baker M.D.

Address Easton Date signed 9-15-45

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

SEP 22 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09290

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County LallotCity or town Lappe (rural)
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all of life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County LallotCity or town Lappe (rural)
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles Henry Jones

3. (b) Social Security Number

7208 544

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Sallie L. Jones

7. Birth date of

deceased (mo., day, yr.)

June 21, 18746. (c) If alive, give age 71 years

8. AGE:

Years

Months

Days

If less than one day

71216

hrs.

min.

9. Birthplace

Dorchester

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

FATHER

12. Name

Charles Wesley Jones

13. Birthplace

Dorchester

MOTHER

14. Maiden name

Laura Ann Jones

15. Birthplace

Worcester Co.

16. Informant

Sallie Jones

Address

Lappe, Rural

17.

(Burial, cremation, or removal. Which?)

Date thereof

Sept 10, 1945
(month) (day) (year)

Cemetery or crematory

Upper Bannock

Location

Lappe, Rural

18. Funeral director

Maurice E. Murray & Son

Address

Easton, Maryland

19.

(Date rec'd by registrar)

19 45Joseph A. Brown
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 - 19 45 at 4:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 4 - 19 45 to Sept 7 - 19 45and that I last saw him alive on Sept 7 - 19 45

Immediate cause of death

Acute myocarditis

DURATION

7 hrs

Due to

Due to

Other conditions

Influenza Hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Joseph A. Brown
Sept 10, 1945

M. D. or other

Date signed 9/8/45

RECEIVED
SEP 11 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

CERTIFICATE OF DEATH

09291

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital.5 hrs. 20 min.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Howard F Kinnamon

3. (b) Social Security Number

218-20-6199

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.

6.(b) Name of husband or wife Ethel R Kinnamon.

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 13th, 1880

8. AGE: 65 Years Months _____ Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Talbot Co. Md.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business _____

FATHER
12. Name George F Kinnamon
13. Birthplace Talbot Co Md
Emma V Chambers

MOTHER
14. Maiden name _____
15. Birthplace Talbot Co., Md

16. Informant Miss Anna B Kinnamon
Address Easton, Md.

17. Burial Date thereof Sept. 19th, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill
Easton Md.
Location _____

18. Funeral director Carl W Stafford
Address Easton, Md.

19. 9/18 19 45 N. H. Neirer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 19 45 at 1:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10-23 19 42 to Sept 16 19 45
and that I last saw him alive on 9-16 19 45

Immediate cause of death Interventricular hemorrhage DURATION 6 hrs.

Due to Malignant hypertension

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Tyler Baker M.D.
Easton M. D. or other _____

Address _____ Date signed 9-18-45

RECEIVED

RECEIVED

RECEIVED
SEP 25 1945
BUREAU V.R.

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

09293

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 hrs. 15 min.
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 8 hrs. 15 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Tilghman
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Shame Brothers Mister

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife _____
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Sept. 9, 1945
8. AGE: Years _____ Months _____ Days _____ It less than one day 8 hrs. 15 min.

9. Birthplace Memorial Hospital, Easton, Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business

12. Name Mr. Reid Mister
13. Birthplace Tilghman, Md.
14. Maiden name Olive Anna Murphy
15. Birthplace Tilghman Md.

16. Informant Mrs. Reid Mister
Address Tilghman

17. Burial Date thereof Sept. 9 '45
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Tilghman
Location Tilghman Md.

18. Funeral director Reid Mister
Address Tilghman, Md.

19. 9/9 19 45 D. H. Norris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 19 45 at 8:45p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 9 19 45 to Sept 9 19 45 and that I last saw him alive on Sept 9 19 45

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Taylor Baker M.D.
Address Easton, Md. Date signed 9/10/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 22 1905
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

CERTIFICATE OF DEATH

09292

Reg. Dist. No. 272

1. PLACE OF DEATH:

County Prince Georges
 City or town Prosser, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town (Rural) Prosser
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John Harris Bennett Morris Sr.

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced M.

6. (b) Name of husband or wife John H. Morris.

7. Birth date of deceased (mo., day, yr.) March 19, 1867 6. (c) If alive, give age 69 years

8. AGE: Years 78 Months 6 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business _____

12. Name John F. Morris.

13. Birthplace W.D.

14. Maiden name Elizabeth Wright.

15. Birthplace W.D.

16. Informant John F. Morris.

Address Prosser, Md.

17. Burial Date thereof Sept. 24, 1936
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Prosser, Md.

Location Prosser, Md.

18. Funeral director John F. Morris.

Address Prosser, Md.

19. Sept 24 19 36 John F. Morris
 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21 19 36 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 21st 19 36 to Sept. 28 19 36 and that I last saw him alive on Sept. 5 19 36

Immediate cause of death Cardiac decompensation DURATION Just

Due to Chronic myocarditis Sept

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John F. Morris M. D. or other _____

Address Prosser, Md. Date signed 9/24/36

RECEIVED
SEP 25 1945
BUREAU T.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

09294
290
Reg. Dist. No.

1. PLACE OF DEATH:

County CalvertCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 Years

Hospital, institution, or street address where death occurred:

Easton Memorial HospitalHow long in hospital or institution? 12 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. Colonial Apt.
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3. (a) FULL NAME

CLARA HOOKER NELSON

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

George L. Nelson

7. Birth date of

deceased (mo., day, yr.)

Feb. 22, 18896. (c) If alive, give age 62 years

8. AGE:

Years

Months

Days

If less than one day

56620

hrs.

min.

9. Birthplace

Nashville Tenn.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

At Home

FATHER

12. Name

William Hoke

13. Birthplace

Lebanon

MOTHER

14. Maiden name

Olga H. Murray

15. Birthplace

Lebanon

16. Informant

George L. Nelson

Address

Easton, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Sept. 15, 1945
(month) (day) (year)

Cemetery or crematorium

Moreland Cemetery

Location

Baltimore, Md.

18. Funeral director

S. C. Clark, Inc.

Address

Easton, Md.

19.

9/13
(Date rec'd by registrar)19 45N. H. Neuman
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept. 1219 45, at 5:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on September 12, 19 45

Immediate cause of death

Coronary Thrombosis

DURATION

2 days

Due to

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

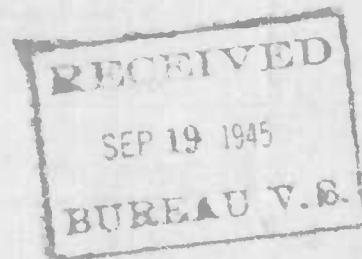
Injured at work?

23. SIGNATURE

M. V. Palmer, M.D.
M. D. or other

Address

Easton, MarylandDate signed 9/13/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 291

1. PLACE OF DEATH:

County TalbotCity or town Belleveue

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Belleveue Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Solon Nichols

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Emma Murray7. Birth date of deceased (mo., day, yr.) March 8, 18806.(c) If alive, give age 55 years

8. AGE:

Years

Months

Days

If less than one day

65826

hrs.

min.

9. Birthplace Royal Oak, Talbot Co. Md

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name

Simmon Nichols

13. Birthplace

Oxford, Talbot Co. Md.

14. Maiden name

Ellen Pearson

15. Birthplace

Royal Oak, Talbot Co. Md18. Informant Thomas Nichols

Address

Belleveue Maryland17. Burial Date there Sept 29 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Belleveue Md18. Funeral director Newnam & Harrison

Address

St. Michaels, Md.19. Sept 29 1945 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 19 45, at 11:30 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 29, 1945 19 45 to Sept 26 19 45and that I last saw him alive on 19

Immediate cause of death

Acute Coronary Thrombosis

DURATION

Due to Chr. Rheumatoid Arthritis 5 mo.

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ✓ Injured at work? ✓23. SIGNATURE F. P. Chews

M. D. or other

Address St. Michaels, Maryland Date signed 9/27/45

RECEIVED
OCT 4 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09296

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot
 City or town Crisman
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Crisman
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Radie J. Page
 4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

3. (b) Social Security Number

None

6.(b) Name of husband or wife

Frank Page
 deceased 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Aug. 8, 1864
 8. AGE: Years 81 Months 1 Days 5 It less than one day hrs. min.

9. Birthplace

Dyersburg Tenn. D. Md.
 (Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Own home

12. Name

James Harrison

13. Birthplace

Dyersburg Tenn.

14. Maiden name

Matilda Edgell

15. Birthplace

Easton Md.

16. Informant

Mrs. W. A. Hinkle

Address

Crisman Md.

17. Burial, cremation, or removal

Buried Date thereof 10-2-45
 (month) (day) (year)

Cemetery or crematorium

Dyersburg Methodist

Location

Dyersburg Md.

18. Funeral director

Norman Marshall

Address

St. Michaels Md.

19. Date rec'd by registrar

10-1-45 Registrar J. J. J. J.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 29 1945, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended the deceased from September 9 1945 to September 28 1945

and that I last saw him 4 alive on September 28 1945

Immediate cause of death

Pellagra

Due to

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter F. Buell M.D.

Address 17 Gold Street East Date signed Oct 1, 1945

RECEIVED
OCT 4 1945
BUREAU A.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
128 N. Huron St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. 128 N. Huron St.
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3. (a) FULL NAME

Mary D. Russ.

3. (b) Social Security Number

✓

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife John H. Russ.7. Birth date of deceased (mo., day, yr.) Dec. 4th, 18938. (c) If alive, give age 66 years8. AGE: Years 51 Months 9 Days 15 hrs. min.9. Birthplace Talbot County, Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business At Home12. Name George H. Straughlin13. Birthplace Md.14. Maiden name Annie L. Strauss15. Birthplace Md.16. Informant Mrs. Tony John (Daughter)Address 1431 Cooke St. - Ocean Point Md.17. Burial Date thereof Sept. 24, 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director W. H. CookAddress Easton Md.19. 9/22 19 45 H. H. Neer

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 19 45, at A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 19 19 45 to Sept. 19 19 45and that I last saw him alive on Sept. 19 19 45Immediate cause of death Coronary occlusion

DURATION

1 hrDue to ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: ✓

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Belknap's HammondAddress Easton Md. Date signed Sept 27, 45

RECEIVED
SEP 26 1961
BUREAU OF A. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

CERTIFICATE OF DEATH

Reg. Dist. No. 392

1. PLACE OF DEATH:

County Talbot
City or town Trappe
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death tail of life
Hospital, institution, or street address where death occurred
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Talbot
City or town Trappe
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

James Edward Sullivan

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife Glenn P. Sullivan 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1866

8. AGE: Years 79 Months 2 Days 21 If less than one day hrs. min.

9. Birthplace Trappe, Talbot Co., Md.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name James Sullivan

13. Birthplace Talbot Co., Md.

14. Maiden name Mary Eliza Helsby

15. Birthplace Talbot Co., Md.

16. Informant Mrs. Robert Plautner

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Sept 27, 1945
(month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director Maurice E. Thompson

Address Easton, Maryland

19. Sept 26 19 45 Joseph R. Ross Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 19 45 at 4:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 19, 35 to Sept 25, 45
and that I last saw him alive on Sept 24, 45 19 45

Immediate cause of death myocardial heart disease

Due to arteriosclerosis with hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William S. Symons M. D. or other

Address Easton, Md. Date signed 9/25/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 1 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17020

CERTIFICATE OF DEATH

09299

Reg. Dist. No. 290

1. PLACE OF DEATH:

County PutnamCity or town River Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 2 days

3. (a) FULL NAME

Helen Julie May Warner

3. (b) Social Security Number

4. Sex

female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife George Henry Warner7. Birth date of deceased (mo., day, yr.) May 7, 18868. AGE: Years 59 Months 7 Days 25 If less than one day
..... hrs. min.9. Birthplace Bridgeton, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name George H. B. Burkhardt13. Birthplace Germany14. Maiden name Gertrude Burkhardt15. Birthplace Germany16. Informant Mr. George H. Henry WarnerAddress 3146 Poplar St. York, Pa.17. Buried & removed Date thereof Sept 2, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Protestant HillLocation York, Pa.18. Funeral director Protestant HillAddress P.O. Box 100019. 9/3 19 45 W. H. Heines
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penn. County YorkCity or town York
(If outside city or town limits, write RURAL and give nearest town)Street No. 3146 Poplar St.
(If rural, give LOCATION)2. (a) If veteran, name war ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept - 2 - 1945 at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death Fractures femoraskull, l. humerus at wristSurgical shockDue to auto accident

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9-2-45Where did injury occur? Nr. Wye Mills Harbor Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) highwayMeans of injury auto accident Injured at work? no23. SIGNATURE Louis O. Kelly, MD Dep. Med. Dir.Address Boston Md Date signed 9-2-45

RECEIVED
SEP 8 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 27

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Eastern Talbot md.City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Municipal Hospital

How long in hospital or institution?

3. (a) FULL NAME

Chester Wilson

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Jan. 6, 1945

8. AGE:

Years

Months

Days

If less than one day

68 4 hrs. min.

9. Birthplace

Talbot Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Talbot

City or town

Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept. 20 1945 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 19 1945 to Sept. 20 1945

and that I last saw him alive on

Sept. 20 1945

Immediate cause of death

Dysentery - about 3 wks

DURATION

Due to

General Resp. dis. 2 days

Due to

Tetanus 1 day

Other conditions

undermined

(Include pregnancy within 3 months of death)

Major findings of operations

none Date of op.

Autopsy results

no PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed 10-1-45

RECEIVED

OCT 4 1945

BR READ V. B.